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The DMA Newsletter

A Publication of Organizational Management

Fall '95

News of the Division of Medical Assistance

Executive Office of
Health & Human
Services

600 Washington Street
Boston, MA 02111

Bruce Bullen, Commissioner

GOVERNMENT DOCUMENTS COLLECTION

POPS Goes On-line FEB 12 1998

University of Massachusetts
Depository Copy

The Division of Medical Assistance has implemented a new claims processing system for its 1,500 Medicaid pharmacy providers which is expected to save some \$13.5 million dollars per year.

The change is expected to improve the Division's control over the dispensing of prescription drugs while shortening the time it takes for pharmacists to file claims for reimbursement.

Pharmacists will use the new Pharmacy On-line Processing System, or *POPS*, to file MassHealth claims by computer.

After entering information into their computers and transmitting the data over a telephone line to the Division's Management Information System (MMIS), the pharmacists will learn within only a few seconds whether a prescription should be filled. Approved prescriptions will then be processed for payment by the Division's MMIS.

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Letter from the Commissioner

Dear Colleagues:

In this confusing time of reform, reorganization, and reconfiguration it is important to reflect on our many achievements. While Congress debates Medicaid "block grants", the Legislature considers our health reform waiver, and the Governor ponders administrative reorganization, DMA moves on.

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Letter from the Commissioner

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Among the recent accomplishments of which we should be proud, are the implementation in July of an on-line claims processing and utilization review system for 1,500 pharmacy providers; a first-in-the-nation joint Medicaid/Department of Mental Health Managed Mental Health and Substance Abuse Program which was bid in September for implementation next spring; a draft managed care plan for dually eligible Medicare and Medicaid beneficiaries; and meeting our FY95 Benefit Plan Goals, thereby guaranteeing quality and access improvements for Medicaid and Commonwealth enrollees. All this while avoiding a budget deficit for the second year in a row!

The DMA Newsletter

Editor: Jill Burrows
(617) 348-5964

"The DMA Newsletter" will be published periodically by Organizational Management as a forum for sharing ideas, information and success.

Let us know your good news for inclusion in the next issue. Your comments and suggestions are also valued. Please send your newsworthy items (weddings, engagements, births, educational achievements, awards, etc.) to the editor at 600 Washington Street, Boston, MA 02111, or fax your news to her attention at: (617) 348-5460. Please be sure to indicate your office / unit, telephone number and when the event occurred.

I will soon be transmitting our benefit plan goals for FY96. Again, the focus will be on quality and access improvements within the context of spending controls. Many of our FY95 projects, such as asthma prevention, capacity building in the PCC Program, and network management, will be carried over, and several new projects will be identified. I look forward in particular to FY96 as the year in which our field structure is settled, and our new enrollment offices begin to function fully in new space and with new equipment and procedures.

Let's take a collective deep breath and keep doing more of what we're already doing. It is making a difference.

Sincerely,

Bruce Biller

Commissioner

POPS Goes On-Line

(continued from page 1)

Prior to implementation of the new system, pharmacies were required to gather pertinent information and either mail in a paper claim, or diskettes, for processing. The new system will allow the pharmacist to know the status of a claim immediately.

"This is a tremendous improvement, using advanced technology, that will give the Commonwealth greater control over pharmacy expenditures.

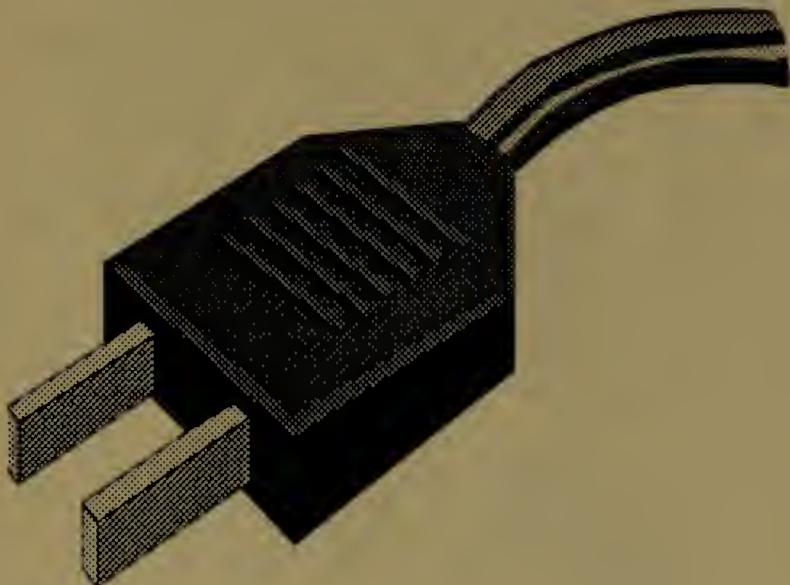
At the same time, it will be easier for pharmacies to participate in Medicaid, which will translate into better service for our customers."

- Commissioner Bruce Bullen -

In addition to expediting the processing of claims, the new system will also help pharmacists screen out drugs that are being used inappropriately, and prevent the early refill of prescriptions.

The system will be maintained by UNISYS, which operates the Division's MMIS.

The development and implementation of POPS resulted from the dedicated work of many individuals in several units and UNISYS.



Special Thanks to: Jill Bond, Doreen Cronin, Gary Gilmore, Sharon Johnson, Rita Lewicki, Phyllis Peters, Elizabeth Pressman, Rachel Richards, Mark Ringel, Arnold Shapiro, Marc Thibodeau, and Janice Wadsworth.

Massachusetts Announces Medicaid/Mental Health Partnership

The *Division of Medical Assistance (DMA)* has released a Request for Proposals for the rebid of its mental health and substance abuse managed care plan. The new plan will, for the first time, include acute inpatient hospitalization and emergency services for *Department of Mental Health (DMH)* consumers.

The DMA Mental Health Substance Abuse Plan, which currently covers 370,000 Medicaid recipients, has been administered by a managed care organization since 1992, when the state received permission from the federal government to place recipients in managed care plans. The new plan will be expanded to include coverage for up to 30,000 DMH consumers, who previously received care in one of seven hospitals under contract with DMH.

The joint initiative is designed to strengthen both acute and continuing care services to mental health consumers, strengthening emergency services for people in crisis, and providing greater coordination between DMA and DMH.

Long-term and intermediate inpatient care and community based services, will continue to be directly managed by DMH. Gerald Whitburn, Secretary of Health and Human Services, hailed the new alliance as "another first for Massachusetts in managed health care.

We were the first state to create a statewide managed mental health and substance abuse plan for our Medicaid recipients in 1992. Now, we are launching a creative and unique partnership that puts the customer first."

Commissioner Bullen indicated that "the new initiative enables the two agencies to do what each agency does best. As a purchaser of health care, DMA is best equipped to competitively contract with care providers and manage the acute hospital benefit. DMH, as the agency with ultimate responsibility for the full spectrum of mental health programs, can best provide community services for mental health consumers."

Department of Mental Health Commissioner Eileen Elias believes there will be significant gains that result from the new initiative. "This agreement will end the two-tier system of mental health service delivery that has existed for too long. More importantly, it will fulfill the vision and promise of the community mental health movement."

Massachusetts will be the first state in the nation to implement such a joint purchasing initiative. The new contract will take effect in early 1996.

Field Reconfiguration Effort Continues

The Field Reconfiguration initiative faced an unexpected hurdle when renovation of the MassHealth Enrollment Center in Tewksbury was suspended due to the discovery of isolated spots of lead paint and asbestos.

In a recent letter to staff notifying them of the discovery, Assistant Commissioner Russell Kulp said: "we are taking all necessary steps in making the site safe and viable for its proposed use." As we go to print, the Division is awaiting a final assessment and resolution plan for the Tewksbury site, the outcome of which will be shared with all DMA staff.

Despite the unexpected delay, reconfiguration is continuing in all areas:

- Plans are underway in all three regions to centralize enrollment functions and establish teams wherever feasible. Several offices in the Taunton area have already moved the application process into the Taunton MassHealth Enrollment Center.
- The Charlestown / Northeast Office has centralized the application process for several Boston offices.

- A permanent outreach base has been established at the UMass Medical Center in Worcester. Plans are underway to open an outreach base in the Berkshire Medical Center in Pittsfield.
- Outreach activities will begin in certain hospitals and community health centers in October.
- Computer installations are proceeding and arrangements are being made to schedule data entry training for Community staff (see Training article on page 13).
- State-of-the- art Telecommunications systems have been identified and are being installed in MassHealth Enrollment Centers beginning in November (see article on page 5).



A New Systems Customer Support Group is Planned

Just as DMA views its clients as customers, there are many support groups within DMA that view the staff they serve as their customers. The Division's *Information Services (IS) Unit* is establishing a new *Customer Support Group* for the staff it serves.

Central Office and field staff will soon have the ability to call *Information Services* to report Systems problems, by dialing a 1-800 line to a new Information Services *Customer Support Group*. The current *Technical Support Line*, in use since June 5, 1995, will no longer be operational. Once in place, the new *Customer Support Group* will represent a new phase in the capacity of *Information Services* to serve its customers.

Armand Morin, Director of Customer Support, said: "the new operation will centralize the agency's efforts in assisting employees with Systems application issues (such as *PACES*, *MA21*, *REVS*, *MMIS*), or PC-based applications, and to address Network, hardware, PC software, or security issues." It will also take requests for all *IS* services.

The new Customer Support Group, to be located at the China Trade Building, will be staffed by several individuals who will document problems being reported and who will be prepared to give quick instructions over the line, when possible.

The new Customer Support Group will use an automated tracking system to log

calls, describe problems and direct them to the appropriate *IS* unit for resolution.

The new system will assign a "trouble ticket" to the problem which the customer can use for future reference.

Depending on the type and magnitude of the problem, help will quickly be on the way from a Systems representative who is particularly knowledgeable about that specific type of problem.

Once it is fully operational, the Customer Support Group plans to develop customer pocket guides to assist users with this new function. In addition, the new group will conduct surveys to evaluate the quality of service being provided to customers and to elicit suggestions for improving services.

By handling all systems problems through the centralized function, the *IS* organization plans to identify any trends in the types of problems being reported. This will help the *IS* Unit make informed decisions on how to efficiently marshal the agency's resources, as well as to more accurately predict the agency's needs.

Sharon Wright, Director of Information Services said: "The new *Customer Support* function will allow Information Services to better serve DMA users, and establish a more customer-oriented environment."

DMA To Install State of the Art Telephone Service

The Division will be installing a NYNEX Centrex telephone service in DMA's four MassHealth Enrollment Centers, beginning in November. The new system will be a sophisticated, computer-controlled, telephone system with many enhanced features.

The new system was chosen for its flexibility and efficiency in being able to handle calls within departments and locations as well as calls from the public.

The new system will offer many of the features of the current phone system - Automatic Callback, Call Forwarding, Call Hold - as well as some new, enhanced features including *Speed Calling*, *Call Processing* and *Uniform Call Distribution*.

Speed Calling allows a station user to call a pre-designated 7 or 10 digit telephone number by dialing a specified, single digit dialing code.

Call Processing allows the caller, using a Touch-tone phone, to route themselves through a menu of call options.

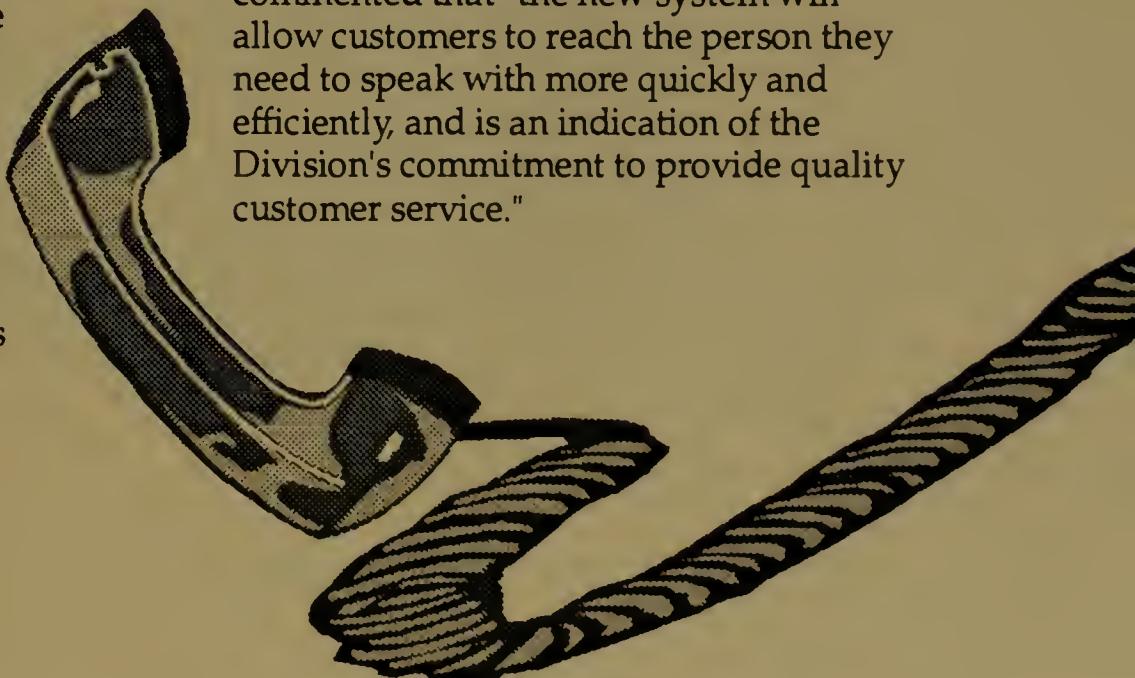
Uniform Call Distribution is an automated system that evenly distributes, on an equitable basis, incoming calls to all active workers within a designated grouping.

In addition, the new system will offer interpretive services in 140 languages through the *AT & T Language Line Services*, a service which will be accessible 24 hours a day, 7 days a week. Employees will be able to use the interpretive services when receiving or placing a call, or when speaking face-to-face with a customer.

The new system, accessed through a 1-800 telephone line to designated staff, will also provide each of the 4 centers with hearing devices for the Hearing Impaired. The system works by amplifying the volume for customers who are hard of hearing, and displaying or printing text entered through a keyboard.

Requests for technical support will be processed through the Information Services Group. They will also accept requests for moves, additions, and deletions of equipment and services.

Ann Marie Tremontozzi, Director of Technical Infrastructure Services, commented that "the new system will allow customers to reach the person they need to speak with more quickly and efficiently, and is an indication of the Division's commitment to provide quality customer service."



Responding to a Mail Bomb Threat

Although your chances of receiving a bomb in the mail are remote, the *Department of State Police*, in conjunction with the *U.S. Bureau of Alcohol, Tobacco and Firearms*, is distributing the following guidelines to help educate the general public about how to recognize and respond to a potential mail bomb threat.

Motives for sending a mail bomb can vary, however, they often include extortion, terrorism, business disputes, or a desire for revenge.

Mail bombs can be delivered in a variety of sizes and can be enclosed in either a parcel or an envelope. Its outward appearance is limited only by the imagination, however mail bombs generally exhibit certain characteristics which can help you assess whether a mailing may be suspect.

If you intercept a suspicious looking letter or parcel, you should immediately follow these guidelines:

1. Do not open suspicious looking articles.
2. Isolate the mailing and evacuate the immediate area.
3. Do not put mailing in water or a confined space such as a desk drawer or filing cabinet.
4. If possible, open windows in the immediate area to assist in venting potential explosive gases.
5. If you have any reason to believe a letter or parcel is suspicious, do not take a chance or worry about possible embarrassment if the item turns out to be innocent.

6. Contact your local police department or Postal Inspector for professional assistance.

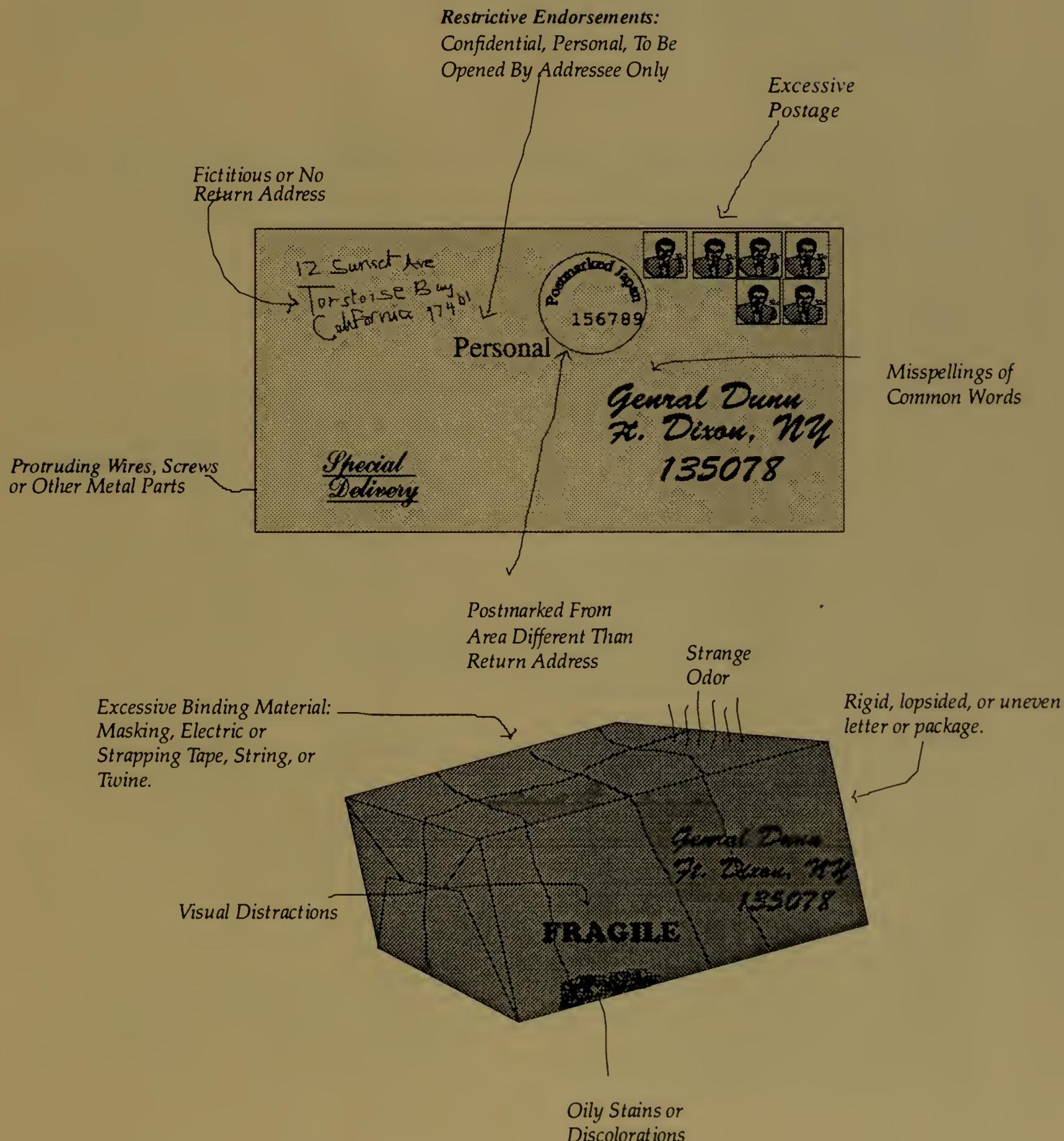
Further guidelines include taking these additional precautions:

- ✓ Turn off all radios within five hundred (500 feet);
- ✓ If inside a building, and it can be safely done, open all windows and doors;
- ✓ Do not touch or move any suspicious looking devices;
- ✓ Do not turn any electrical devices on or off;
- ✓ Do not adjust any appliance controls;
- ✓ Do not use a flashlight, unless it is equipped with a red lens (to prevent the activation of a photoelectric cell);
- ✓ Do not use a camera flash until authorized by a Bomb Technician;
- ✓ Do not allow anyone to enter the inner perimeter, unless authorized by a Bomb Technician.



What to Watch For

Common Characteristics of Letter & Parcel Bombs



HEALTH WATCH



Smoking

Smoking is in the news. Again! President Clinton's recent attention to this issue has focused the spotlight on the many problems related to smoking.

Exposure to tobacco smoke endangers the health of all Americans. It puts people at risk for many illnesses including heart attacks, strokes, and cancer as well as emphysema, asthma and other respiratory ailments.

Cigarette smoke contains over 4,000 chemicals, and at least 200 of those chemicals are *toxins*! Among those 4,000 chemicals there are about 60 compounds that are *known to cause cancer*. Exposure to cigarette smoke increases a person's risk of developing not only cancer of the lungs, which is the number one cause of cancer deaths in the U.S., but also cancers of the larynx, pharynx, mouth, esophagus, bladder, kidney, uterine cervix, and the pancreas.

In January of 1993, the U.S. Environmental Protection Agency (EPA) classified secondhand smoke as a *Group A carcinogen*, a category reserved only for the most dangerous cancer-causing agents. Your health can be endangered simply by breathing smoke in the air around you,

even if you don't smoke. Among the 153,000 people who die from lung cancer each year in the United States, about 3,000 of them are non-smokers.

What can be done to lower the health risks of tobacco?

One effective way is to provide smoke-free work environments to safeguard the health of all employees. DMA has already implemented such a policy, and non-smokers and smokers now breathe cleaner air. Those employees who wish to quit smoking will have a better chance of being successful because of the support of the smoke-free workplace.

Smoking is responsible for more than one out of every six deaths in the United States.

You may obtain free information on Smoking in the Workplace by contacting the Tobacco-Free Worksite Initiative at the Dana Farber Cancer Institute at 1-800-525-5068.



Quitting

The *Massachusetts Smoker's Hotline* is a toll-free telephone service for Massachusetts residents to call for help in quitting smoking. The Hotline is administered by the Massachusetts Division of the *American Cancer Society* which was established with a grant from the *Massachusetts Department of Public Health*.

Between 1964 and 1985, approximately 750,000 smoking-related deaths were avoided or postponed as a result of decisions to quit smoking or not to start."

- ✓ The *Quitline* provides a variety of services to help you in your efforts to stop smoking, all provided free of charge;
- ✓ Information about quitting tobacco use for now or in the future;
- ✓ Lists of local quit smoking programs that meet the criteria set by the *Massachusetts Department of Public Health*; and
- ✓ Quit smoking counseling.

All *Quitline* services provide interpreter services and there is a TDD line for those who are deaf or hearing impaired.

Studies have shown that people who quit smoking, regardless of age, live longer than people who continue to smoke.

For more information on the Massachusetts Smoker's Quitline, call:

English	1-800-TRY-TO-STOP
Spanish	1-800-8-DEJALO
Deaf/ Hearing Impaired	1-800-TDD-1477

Hours of Service:

Monday - Friday	9:00 a.m. - 9:00 p.m.
Saturday & Sunday	10:00 a.m. - 3:00 p.m.

Smoking is the single most important preventable cause of death in our society.

This article was prepared by the Massachusetts Tobacco Control Program at the Department of Public Health in conjunction with the Tobacco-Free Worksite Initiative sponsored by the Dana-Farber Cancer Institute.

DMA Is Selected for Breast Cancer Education Project

Breast cancer is the second leading cause of cancer deaths in women, surpassed only by lung cancer.

The Division has been selected as one of thirty Massachusetts worksites to be a part of the *Breast Cancer Education Project*, a four year research study being conducted by the *Dana Farber Cancer Institute (DFCI)* in collaboration with the *Service Employees International Union (SEIU)* and funded by the *National Cancer Institute (NCI)*. The objective of this research project is to explore ways in which breast cancer education can be conducted at the workplace.

In 1995, the American Cancer Society estimates that 182,000 new cases of breast cancer will be diagnosed among women in the U.S.

The project has both an educational and an evaluation component. Division employees, who are women aged 40 and over, will be invited to participate in a survey about breast cancer and breast cancer screening techniques. After the survey has been conducted, half of the

thirty worksites will be randomly assigned to immediately receive the educational program, with the remaining worksites comprising a *comparison group* which will receive the identical training and resource materials at the end of the project's four-year period.

The Breast Cancer Education Project could actually save lives by raising awareness about the disease and the importance of early detection.

The educational program will provide a variety of educational activities aimed at raising awareness of breast cancer, educating women about the importance of detecting cancer early, and encouraging participation in breast cancer screenings. These activities may include small group education sessions, distribution of resource materials, guest speakers and more.

The *Breast Cancer Education Project* has the potential to make a substantial impact on the health of DMA's women employees.

If you have any questions about the *Breast Education Project*, please contact Jill Burrows, Worksite Coordinator, at (617) 348-5964. Union membership is not a requirement.

Making Strides Against Breast Cancer

DMA employees joined 15,000 participants in the *Making Strides Against Breast Cancer Walk* - a five mile walk sponsored by the *American Cancer Society* - to help raise money to fight breast cancer.

The walk, which took place on the Charles River Esplanade on September 24th, raised \$1.5 million for research and other cancer fighting programs.

DMA employees raised \$3,000 by asking friends, relatives, neighbors, and co-workers to sponsor their participation in the walk.

Breast cancer is expected to strike 5,000 Massachusetts women in 1995 and every woman, regardless of age or ethnic background, is at risk.



The *American Cancer Society* recommends monthly breast self-examinations for all women, and clinical breast exams and mammography starting at age 40.

Many thanks to: Robin Barboza, Marsha Daise, Lois Green, Alma Hayes, Lynda Lockhart, Phyllis Peters, Priscilla Portis, Grace Rugnetta and Maria Tsihlis who walked in this year's event, and to all their DMA sponsors.



Managing Your Money

If you've ever felt as if your personal finances are out-of-control, apply this three-step process to your financial affairs:

Preparation:

Start by sitting down with a pencil and piece of paper to figure out exactly where your money is going. As strange as it may seem, many people really don't know how their money is spent.

Make a list of all fixed expenses you can't control, such as rent or mortgage payments, or car and basic telephone expenses. Make a second list of expenses you *can* control such as credit card charges, long-distance phone bills, or entertainment expenses.

Once you know how your money is being spent, you'll have a better idea of how much you can reasonably expect to save, or what expenses you can afford to cut.

Action:

Set specific goals for yourself. It's not enough to simply say you want to save "more" in 1996. It's always better to set a specific goal - say a plan to save \$100. Once you've set a goal, it will be easier to adjust your daily habits to meet that goal.

Maintenance:

This is probably the most important stage of all, and it should begin almost immediately. *Monitor your progress*. If you promised to save, say \$100 a month, then you should have at least \$25 after the first week, \$50 the second week, and so forth. Keep track of your failures, too. If you stray from your goals, determine why you failed, and make the necessary adjustments.

If you would like assistance in creating a personal budget or money management plan, and would like an in-person, or telephone, consultation, just pick up the phone and call *WorkPlace Solutions*, your Employee Assistance Program (EAP), at (617) 573-0810. All calls are held in strict confidence.

Many thanks to Joanna Ziegler, EAP Account Executive, WorkPlace Solutions, for this article.



Training Unit Completes Cross Training Sessions

As part of the agency's ongoing Reconfiguration efforts, the *Training Unit* recently completed two months of Cross Training for Financial Assistance Social Workers and Supervisors.

Long Term Care workers were trained in Community Medicaid and Community workers were trained in Long Term Care Medicaid. The training was offered in support of the agency's commitment to a Team approach in delivering services to customers.

Each worker received 3 days of cross training. In all, 47 training sessions were provided, for 893 participants, at *Bunker Hill Community College, Bristol Community College* and the *Springfield State Welfare Office*.

Mark Russell, one of the trainers, indicated that he hoped the training "helped alleviate some of the anxiety that some workers initially felt concerning their proposed new job functions which will occur as a result of the Reconfiguration."

Cross Training was provided by Central Office Training Specialists *Lee Fitzgerald*, *Ed Lodi* (now retired) and *Mark Russell*; and Outreach Staff, *Jack LaVallee*, Milford, *Kathy Ivascyn*, Worcester, *Judy Trainor*, Charlestown LTC, and *Amy Andrade*, Taunton LTC.

Lee Fitzgerald said that she "enjoyed working with the many dedicated field staff who came to, and participated in, the sessions."

In a continuing effort to provide staff with computer training, the *Training Unit* will be providing Data Entry training, and the *Professional Development Group* in Boston will be offering computer classes outlined in a catalog recently distributed to all staff. Additional copies may be obtained from *Stan Spack*, Director of Training, in Organizational Management.

In addition, a new Skills Training catalog will be issued in November.



DMA Employees Have Opportunity to Help Save Lives

DMA employees will soon have the chance to help save lives. The opportunity to achieve such heroic acts will not require any risk of life, since the only requirement is a donation of one unit (pint) of blood. Each blood donation given can potentially save as many as *three* lives.

Blood cannot be manufactured in a test tube. It is obtained only from concerned and caring people. Unfortunately, hospitals never have enough of a blood supply to meet their demands.

The *Division of Medical Assistance* has recently been in contact with the *Massachusetts General Hospital (MGH)* to discuss the Division's participation in the *Massachusetts State Employees Blood Program (MSEBP)*.

The *MSEBP* was organized in 1969 by concerned state employees who recognized their responsibility to help meet the daily needs of hospitals by supplying safe and adequate blood supplies. The *MSEBP* encourages all healthy state employees to participate in the program and to volunteer blood donations on a regular basis.

During the month of October, the Division will sponsor an employee blood donation drive in conjunction with the *Massachusetts General Hospital*. Participating employees will be transported to and from designated DMA locations to the *MGH Blood Donor Site* by stretch limousines supplied by Mass

General Hospital. You may participate in the Blood Donor Program if:

- *you are in good health and feel well on the donation day*
- *you are at least 18 years old*
- *you weigh at least 100 lbs.*
- *you do not have serious heart or lung disease*
- *you have not had dental work within 24 hours*

Employees are allowed *up to* 4 hours for the purpose of donating blood. The four hour period covers the amount of time needed to travel to and from the blood donor site, as well as time for the recommended rest period after the donation is made.

Donors may elect to donate blood no more than every eight weeks, or 5 times per year. Employees who participate at this level will be recognized at a special luncheon, sponsored by the *MSEBP*, at Lombardo's in East Boston.

Many thanks to DMA employee, *Mitchell Goldstein*, who was a recent contributor to the blood donor program.

For more information on the MSEBP, please contact Jill Burrows in Organizational Management at (617) 348-5964.

Someone You May Never Meet . . . Needs a Friend

Have you ever wondered how you might help someone who is homeless, or prevent women from being battered. Have you wished there was a cure for A.I.D.S or better care for the elderly? These, and other problems in today's society, are being successfully combated by hundreds of agencies supported by our annual *Commonwealth of Massachusetts Employees' Campaign*, or COMEC.

The COMEC campaign gives each of us a chance to offer support to those causes which touch our hearts. Whether you wish to help provide food for the hungry, more care for the elderly, medical research for the sick, or shelter for the homeless, your donation can *truly make a difference in the life of others.*

Margaret Mead, the famous Social Anthropologist, once said "never doubt that a small group of thoughtful, committed citizens can change the world; indeed it is the only thing that ever has."

Last year, you and other state employees, generously raised over a million and a half dollars to benefit COMEC agencies. Over 90% of each dollar you gave went a long way towards providing critical health, human and environmental services to your neighbors - whether they live in your community or miles away on the other side of the globe.

This year's COMEC campaign will begin shortly with the distribution of COMEC brochures. Please take the time to look through the brochure to discover the many worthwhile agencies that depend on us to help them continue to provide these services. Whether your contribution is large or small, please give. *Someone you may never meet . . . needs a friend.*

Even your small change can help make Change.

A monthly pledge of:

- \$4 will pay for 22 calls on a suicide prevention hotline.
- \$5 will provide 3 nights of emergency housing for a homeless family.
- \$7 will cover 3 days of protective care for abused children.
- \$9 will provide 1 hour of counseling, education and training for 4 teenage mothers.
- \$12 will provide 11 families with emergency food and clothing.
- \$15 will provide 20 hours of home care for a disabled or elderly person.
- \$20 will provide glaucoma surgery that will save the sight of someone living in a small village.
- \$50 will immunize 10 children from the six commonly fatal childhood diseases.



Commonwealth of Massachusetts Employees' Campaign

LEGAL DIVISION HIRES NEW ATTORNEYS

Several new Assistant General Counsels have joined the Legal Division:

Sharon Boyle, received her J.D. from Boston College Law School. She has concentrated in contract litigation, both as a Senior Litigation Associate with *Chin, Wright, & Branson, Professional Corporation* and as a Litigation Associate with *Kaye, Fialkow Richmond & Rothstein*.

Most recently, Sharon provided legal services to the Legal Division on employment, recoveries and other regulatory and administrative matters.

Sharon will be working in *Judy Karp's* unit.

Deborah Drexler is a graduate of Northeastern School of Law and has been an associate at *Testa Hurwitz & Thibeault* where she concentrated in labor and employment matters.

Deborah has advised health care, financial, and other corporate employers, in labor and employment matters, and has represented employers in litigation before state and federal courts and agencies, including the *Massachusetts Commission Against Discrimination (MCAD)*.

Deborah has also represented management in collective bargaining

and other traditional labor law matters.

Deborah will be working in *Barbara Wexler's* unit.

Seth Haber has extensive Medicaid, public policy, litigation, and health care and administrative law experience.

For the past nine years, Seth was an attorney at the *Rate Setting Commission* where he represented the *Commission* in numerous Medicaid rate appeals brought by nursing homes, hospitals and non-institutional providers.

At the Commission, Seth provided legal counsel on a wide variety of program, public procurement, regulatory, legislative and public policy issues.

Prior to working at the *Rate Setting Commission*, Seth was an Assistant General Counsel at the *Cambridge Rent Control Board* and also worked as a Legal Services attorney in New York.

Seth is a graduate of Fordham Law School and will be working in *Stan Chesler's* unit on long term care and systems matters.

John "Jack" Lavallee

1943 - 1995

Jack Lavallee, a Supervisor in the Milford Medicaid Office, unexpectedly passed away on Tuesday, September 12th.

Jack had recently been appointed as a Community Outreach Supervisor and was being considered for the position of an Eligibility Operations Team Manager, a position recently created as part of the agency's Reconfiguration efforts. Jack was also nominated for a prestigious Performance Recognition Award this past year for his exceptional contributions to the Division.

Jack began his state service as a Supervisor with the Welfare Department 23 years ago in the former Northbridge Welfare Office. Cescia Derderian, a Regional Director with DTA, and former Director of the Milford Office where Jack was a Supervisor, indicated that "Jack had an extraordinary rapport with all his clients, particularly the aged and disabled. He enjoyed the greatest respect from community providers, other agencies, and everyone he worked with."

During times of limited resources, Jack never failed to volunteer to take on responsibility for special projects and even performed Case Maintenance activities, in order to relieve his staff of difficult work loads. Jack also volunteered to help with a backlog of applications in the Framingham Office.

Duncan MacEachern, Regional Director, Regional Enrollment Center (Taunton), who oversees Medicaid staff co-located at the Milford Welfare Office, commented on Jack's "extraordinary ability to maintain a positive attitude regardless of how difficult the task."

Jack was a valued member of the MA-21 Development Team, and was a key player in the recently completed training of LTC Medicaid staff in Community Medicaid policy and procedures. When DMA separated from the Department of Transitional Assistance (DTA), formerly the Welfare Department, Jack shared his expertise by supervising staff at both the Milford and Attleboro Offices, and at Central Office where he worked closely with Paul Kussmann, Director of Eligibility Operations, on several Central Office projects.

When he died, Jack was just completing a special project to assist the Children's Medical Security Plan by processing a back-log of cases that could have resulted in some 2,200 children being left without medical coverage.

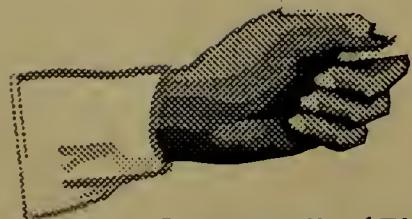
Bob Guerino, a long-time friend and co-worker of Jack, believes that Jack was one of the most "contented" individuals he has ever known. "Jack was totally giving of himself and everyone around him," he commented. "His deep love for his wife, Carole, and step children was boundless and that love radiated out to everyone."

Jack served 3 elected terms in his home town on the Northbridge School Committee, serving for two-year periods as both Chairman and Assistant Chairman. Jack was also an avid photographer and was a member of the Whitinsville Presbyterian Church Choir. He was co-founder of a folk group at the Whitinsville St. Peter's Church.

Memorial contributions may be made to the Jack Lavallee Scholarship Fund. For more information, please contact Judy Meichelbeck at (617) 348-5089.



Employee News



Susan Bell, of *Eligibility Operations*, brought home a baby brother for her son Andrew. *Colin Joseph* was born on September 14th, weighing 7 lbs., 14 oz.

Jeremiah Cole, of *Benefit Plans*, who camped out for two weeks in the wilds of Alaska, is interested in learning where his co-workers went on vacation this year, as well as some highlights of the interesting places they ventured to. If you traveled somewhere interesting this summer, please let the editor know. If enough of you respond, we will be warmed by your comments in the winter issue of the newsletter!

Mena J. Doucot, of the *Charlestown LTC*, is the proud mother of *Matthew Michael Doucot, Jr.* who weighed in at 6 lbs, 12 oz. on his birthday, Sunday, March 12, 1995.

Meryl Friedman, of *Benefit Plans*, is engaged to be married to *Andy Adelson* on May 12th of next year!

Susan Glick, of *Benefit Plans*, announces the birth of her first child, a baby boy, *Morgan*, born on May 15, 1995 at 6 lbs, 8 oz. Susan proudly reports that Morgan is now 14 lbs. and is a very happy and healthy baby. His picture is available for viewing at her desk.

Rashiem Grant, of *Administration & Finance*, and *Sherese Jones* became the proud parents of a beautiful baby girl named *Amari Danae Grant* who weighed in at 7 lbs., 13.5 ozs.

Judy Levenfeld, of the *Legal Division*, resigned on September 6, 1995 to become Regional Director of "Pro Bono Students America." Her office is at BC Law School.

David Longmoore, of *Administration & Finance*, is engaged to be married to *Susan Norris* of Holliston in September of 1996.

Jeannette Lynch, of *Benefit Coordination & Recoveries*, became engaged to *George Van Nosdall*, on August 11, 1995. They are planning to be married in October of 1996.

Ian Patterson, of *Member & Provider Services*, this year's AIDS Walkathon Team Captain, reports a final tally of \$8, 564.00 that DMA employees raised to benefit the fight against AIDS.

Maria Verbeyst, of *Benefit Services*, gave birth to a baby boy, *Kyle*, on Tuesday, September 19th. Kyle weighed 7 lbs. and 15 ozs.

Jim Murphy, of *Administration & Finance*, informs us that on the Sporting Front, DMA graciously allowed their brethren from DTA to capture the *First Annual Derider Cup* in a mildly contested match at the Devine Country Club. The final score of DTA's 17.5 to DMA's 6.5 was in no way indicative of the closeness of the match. Fair warning to DTA, DMA will be back!

Kate Willrich, of *Benefit Plans*, was given a surprise party by her co-workers on the eve of her marriage to *Rob DeMillo*. After the Brewster wedding ceremony, for which her parents flew in from California, the couple left for a two-week Honeymoon in Italy.

A warm welcome to the following new employees:

Sharon Boyle, *Legal Division*
Donna Carifio, *Claims Operations*
Deborah Drexler, *Legal Division*
Seth Haber, *Legal Division*
Robert Holmes, *Benefit Services*
Lisa McDowell, *Member & Provider Services*
William Murphy, *Eligibility Operations*
David Saitta, *Information Services*
George Zoltowski, *Internal Control & Audit*

